

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF VITAL RECORDS

AFFIDAVIT

**SWORN STATEMENT REGARDING THE LOSS OR THEFT OF A BIRTH
OR DEATH CERTIFICATE AND REQUEST TO HAVE A RECORD FLAGGED**

↓ IMPORTANT – PLEASE READ ↓

Please complete the following statement regarding the loss or theft of a certified copy of the Arizona birth or death certificate listed below. If this loss/theft was reported to the police, please include the name of the police department and the report number.

Attach a legible photocopy of your government issued picture I.D. and the government issued picture I.D. for both parents of the registrant if the registrant is a minor, or the registrant's I.D. if the registrant is an adult (18 or older). Mail the completed affidavit and I.D. to: Office of Vital Records, Attn: Operations Unit, P.O. Box 3887, Phoenix, Arizona 85030-3887.

Name of Person Making Report (Affiant):

Address:

City, State, Zip:

Telephone Number:

Relationship to Registrant:

Name on Vital Record (Registrant):

Date of Birth:

County:

Date of Death:

County:

On, _____, at _____
(Date) (Location)

(_____) copies of the above ☐ birth certificate, ☐ death certificate, were ☐ lost, ☐ stolen.
(Number of Copies)

The details of this loss/theft are as follows:

(Affiant's Signature and Date)